

Cohort Review Session Information
Virginia Department of Health
Division of Disease Prevention, TB Control Program

Cohort review is a group process that has been demonstrated to provide TB program learning opportunities and to improve program performance through discussion of best practices and the setting of program goals. As a requirement of our CDC cooperative agreement, Virginia TB programs must participate in cohort review. A cohort is simply a group of cases counted during a specific period of time, usually annually, or in higher morbidity districts it may cover 3 or 6 months in a calendar year. In Virginia, the plan is to review cases 9-12 months after they are counted, so that most of the clients will have completed treatment.

Cohort review differs from the more familiar case review format in several significant ways. While case reviews look at ongoing case management with a process focus, cohort review is retrospective and looks at outcomes. It seeks to determine if the best case management possible has been provided to the client and assesses the degree to which action has been taken to prevent transmission of disease. The focus of cohort review in Virginia is very specific, with the 2012 plan including ten elements as follows:

1. Sputum-culture reported for those with pleural or respiratory site of disease
2. Sputum-culture conversion within 60 days for those with positive sputum cultures
3. Drug susceptibilities if any M. tb culture positive
4. Initial 4 drug TB therapy
5. Completion of treatment within 366 days
6. HIV result
7. Number of contacts identified for AFB sputa smear positive cases
8. Number of identified contacts to AFB sputa smear positive cases who are fully evaluated
9. Number of contacts with new positive test for TB infection that begin LTBI treatment
10. Number of contacts with new positive test for TB infection that complete LTBI treatment

Preparation for the Cohort Review Session

The TB central office program staff will contact the district to set a time for cohort review. Based on program morbidity, a cohort will be chosen for review. The central office will fax the district a list of cases chosen for the review, along with additional information at least 3 weeks before the review. The TB nurse case manager(s) then completes a one page Client Cohort Review Form on each TB case for use during the review session. The district arranges a location for the review at the district office. Regions with lower morbidity may conduct cohort review as a group, and by Polycom. At minimum, a cohort review session includes the TB PHN case manager(s), and TB program central office staff including TB nurse consultant(s) and surveillance staff. Others are encouraged to attend, and may include the health director and/or clinicians for the district's TB program, nurse manager, program supervisor, outreach worker(s) and additional TB program central office staff. A copy of each Client Cohort Review Form should be available for each participant. The client record should be available at the review session for reference if questions arise. If all the elements are present, a review of one case could take as little as three to four minutes.

During the Cohort Review

The PHN case manager for each case, if at all possible, presents the details regarding management and outcomes of each case, including the following information:

- Identifying data, including client initials, age, VA case number (provided on the faxed client list), and medical provider (LHD, private MD or both)

- Site of disease
- Specimens collected to diagnose the case
- Sputa specimens collected to demonstrate culture conversion, and if it occurred within 60 days of treatment initiation
- If conversion was not documented, what efforts were made to identify the cause or to collect specimens
- Drug susceptibility testing/results if a culture for M.tb from any site is present
- Adequacy of the medication regime
- HIV status
- Treatment completion and adherence issues
- Contact investigation data for cases with initial AFB positive sputum smears, including number of contacts identified, and number identified that were fully evaluated, number with newly positive tests for TB infection that start treatment for LTBI and, of this group, the number completing treatment for LTBI

During cohort review, discussion takes place on the outcomes of the case, as well as overall trends identified, areas of quality program performance and potential areas for improvement. During the review, data will be collected so that feedback can be provided on achievement of Virginia and national TB objectives. Data from the prior years will also be presented to provide a baseline for comparison. If possible, this information will be presented at the end of the session, or at least will be forwarded to the district following the review session.

If you have any questions, don't hesitate to contact:

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